

Non-disclosure and student responsibility agreement

Between: **Manukau Institute of Technology ('MIT')**

and _____ (**'I', 'me', or 'my'**)

As a Nursing student enrolled in a programme/course offered by School of Nursing ('Programme/Course'), I will be undertaking clinical experience in clinical agencies.

In the course of clinical experience and in carrying out any activities relating to the Programme/Course, I may be given or acquire confidential or personal information about fellow students, patients, or their families, or commercially sensitive information which belongs or relates either to MIT or to an external agency such as a District Health Board or Non-Government Organisation ('External Agencies').

Accordingly, in order for me to participate in clinical practice and related activities as a student at MIT (and in consideration for my participation), **I agree that:**

- I will keep all such personal or commercially sensitive information in strict confidence.
- I will not use personal information for any unauthorised purpose nor disclose it to any third party unless prior authorisation has been obtained from the individual/s concerned or unless disclosure is required by law.
- I will not use nor disclose commercially sensitive information to any third party either during or after the conclusion of the Programme/Course.

If required to do an assignment that reflects on my clinical experience and which will include personal information about patients and/or their families, **I agree to:**

- obtain the informed consent of the individual/s concerned and will delete on the assignment all personally identifiable information (e.g. name, age, etc) that may identify such individual/s; or
- obtain the informed consent of the individual's representative if the individual is unable to give his/her informed consent.

As a student of the Programme/Course, **I understand that:**

- I have a responsibility to access, read and understand information provided about the Programme/Course, such as programme regulations, student and clinical information, MIT statutes and regulations and information related to the appropriate student behaviour.
- There may be electronic images of me as a result of the recording of online or actual classroom sessions.
- If I wish to record classroom sessions, I must first obtain permission from the lecturer concerned.

I acknowledge that MIT may provide my name, telephone number, MIT email address, and other contact and/or identifying information, including my immune status and Police vetting results, to External Agencies for the purposes of, or use in connection with, my participation in clinical practice and Programme/Course activities.

I acknowledge that my participation in the clinical practice and Programme/Course activities is subject to my acceptance of the terms and conditions of this Agreement.

Signed on behalf of the Nursing School, Manukau Institute of Technology by:



Sandra Wilkinson – **Director of Nursing**

Signed by:

Name:

Student ID Number

Date: